

## SECTION 1: BROKER DETAILS

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

General email: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## SECTION 2: RISK DETAILS

2.1 Effective Dates

Policy period required from (effective date): \_\_\_\_\_ to (expiry date): \_\_\_\_\_

2.2 Mailing information

Name of Insured as it is to appear on policy: \_\_\_\_\_

Name of Organization (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

2.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) \_\_\_\_\_

2.4 Physical Address of Organization (if different than mailing)\*:

Address: \_\_\_\_\_

\_\_\_\_\_

\*If more than one location, please enclose list.

2.5 Webpage: \_\_\_\_\_

2.6 Additional Insureds (As they are to appear on the policy)\*

NAME	RELATIONSHIP	ADDRESS

2.7 Type of Organization: ☐ Team ☐ League ☐ Athletic Association ☐ Provincial Association ☐ National Governing Body

☐ Other (specify): \_\_\_\_\_

2.8 Names of Officers

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Insurance Chairperson: \_\_\_\_\_

2.9 Do you rent / own any facilities?

☐ Yes☐ No

If yes, please describe:

2.10 Is the sport:

☐ Contact☐ Non-contact

2.11 Previous Year/Estimated Gross Revenue:

\$

Number of Athlete Members:

Number of Clubs/Teams:

Average number of participants per event:

Number of Coaches:

Number of Paid Coaches/Instructors:

Number of Officials/Umpires:

Number of Volunteers:

Average Number of Spectators per Event:

Number of Non-Participating Members:

How many sanctioned events will be held during the policy term?

Number of tournaments - hosted:

Number of tournaments - attending:

Number of participants:

Under 12 years of age:

13 to 18 years of age:

Over 18 years of age:

2.12 Describe sports activity/activities to be covered:

2.13 Describe any ancillary activities to be covered:

2.14 Any U.S.A. operations or exposures?

☐ Yes☐ No

If yes, please describe in detail and include number of days and number of games to be played within the U.S.A:

2.15 Is a Sports Accident and Injury Policy in effect? ☐ Yes ☐ No  
If yes, please describe details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.16 Will Certificates of Insurance be required for each club or sanctioned event? ☐ Yes ☐ No  
2.17 Please describe rules and regulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of books or manuals.**

2.18 Is participation in the insurance program: ☐ Mandatory ☐ Optional  
Please explain: \_\_\_\_\_  
If participation in the insurance program is optional, how many members participate in your insurance program? \_\_\_\_\_

2.19 Are local, provincial and regional organizations involved in your organization? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

2.20 Is insurance to be extended to these groups through the association on a blanket basis? ☐ Yes ☐ No

2.21 Are all coaches/trainers certified? ☐ Yes ☐ No  
Please explain the certification process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.22 Are all practices, contests, and ancillary events sanctioned and supervised by the association? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_

2.23 Please explain sanctioning procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of sanction requirements and applications.**

2.24 Please describe medical, security, and evacuation procedures for championships, tournaments, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.25 Is first aid available for practices and local contests? ☐ Yes ☐ No

2.26 Describe safety precautions taken for the safety of spectators: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.27 What precautions are taken to prevent unauthorized persons from entering restricted areas?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.28 Is there a safety/injury control program in place? ☐ Yes ☐ No

**Please attach a copy of the program.**

2.29 Are participants ever transported to or from practices or competitions by organization members? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.30 Are waiver/release, or consent forms signed by participants? ☐ Yes ☐ No

**Please attach a copy of the waiver/release.**

2.31 Will any fundraising, social activities or banquets be conducted by the organization? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any activities involving trampolines and/or inflatable jumping pillows. ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: LIABILITY

### 3.1 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? ☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? ☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

☐ Yes ☐ No

**If yes, in whole or part, please attach a copy of the waiver.**

If no, in whole or part, please explain:

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### 3.2 Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$

SUBLET \$

Please describe the types of work let or sublet:

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Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?

☐ Yes ☐ No

### 3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?

☐ Yes ☐ No

If no, please provide explanation:

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### 3.4 Non-Owned Automobile

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?

☐ Yes ☐ No

If yes, please provide details:

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B. Does the Insured rent or lease vehicles from others?

☐ Yes ☐ No

If yes, (i) How often per year?

(ii) Are any of these vehicles driven in the United States?

☐ Yes ☐ No

C. Does the Insured contract services from others?

☐ Yes ☐ No

If yes, please describe:

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D. Are vehicles used to transport anyone?

☐ Yes ☐ No

If yes, how often and for what purpose?

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SECTION 4: CLAIMS INFORMATION

- 4.1

Does the Insured have a formal loss-control program?

☐ Yes ☐ No
- If yes, please provide details:
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- 
- 
- 
- 4.2
- Does the Insured have a formal employee safety-training program?
- ☐ Yes ☐ No
- If yes, please provide details:
- 
- 
- 
- 
- 
- 4.3
- Does the Insured have a formal premises snow/ice clearance procedure?
- ☐ Yes ☐ No
- If yes, please provide details:
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- 
- 
- 
- 
- 4.4
- Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):
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SECTION 5: LIMITS OF LIABILITY REQUIRED

- 5.1

Commercial General Liability
- Each Occurrence Limit

\$
- Products - Completed Operations Aggregate Limit

\$
- Personal Injury Limit

\$
- Tenants Legal Liability Limit

\$
- Medical Expense Limit

- Per Occurrence/Per Person

\$
- Non-Owned Automobile Limit
- Liability

\$
- Physical Damage

\$
- Employee Benefits Limit

\$
- Employers Liability Limit

\$
- Advertising Injury Limit

\$
- Other:

\$

**SECTION 6: DECLARATIONS**

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:\_\_\_\_\_ Full Name:\_\_\_\_\_

Position Held:\_\_\_\_\_ Date:\_\_\_\_\_

**SECTION 7: ADDITIONAL INFORMATION**

71 Additional Information: